

FILED JAN 13 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 42512

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11256	
1. PLACE OF DEATH a. COUNTY <u>0</u> b. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis, Mo.</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jewish Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>01119</u> c. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>6163 Tennessee</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Milton</u> b. (Middle) <u>Leicht</u> c. (Last) _____		4. DATE OF DEATH (Month) <u>Dec</u> (Day) <u>30</u> (Year) <u>1950</u>		5. SEX <u>Male</u> <input checked="" type="radio"/> <u>White</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar. 26, 1904</u>		9. AGE (In years last birthday) <u>46</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>		13a. FATHER'S NAME <u>Charles Leicht</u>		13b. MOTHER'S MAIDEN NAME <u>Jenny Strauss</u>	
14. NAME OF HUSBAND OR WIFE <u>Marie L. Leicht</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>488-03-5484</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marie Leicht</u> ADDRESS <u>6163 Tennessee</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>Oct 12</u> 19 <u>47</u> , to <u>12</u> 30, 19 <u>50</u> , that I last saw the deceased alive on <u>12-30</u> , 19 <u>50</u> , and that death occurred at <u>noon</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward J. Bergeron</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>457 N. Kingshighway</u>		23c. DATE SIGNED <u>1-1-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parklawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay Mo.</u>	
DATE REC'D BY LOCAL REG. <u>JAN 2 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lester</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u>		ADDRESS <u>6322 S. Grand Blvd.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

11256

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 4242

P. O. Address 6322 S. Han

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.